

## **Assessing Permanent Impairment for pain for injuries on or after July 1, 2014:**

Using the 6<sup>th</sup> Edition AMA Guide™ to the Evaluation of Permanent Impairment

1. Do not use Chapter 3 or PDQ, in most circumstances.
2. In nerve injury, use sensory deficit as opposed to pain assessment  
(not “or pain”).
3. QuickDASH for Carpal Tunnel Syndrome, 10 of 11 questions must be answered to be accurate.

Interpret question # 9 using an assessment of sensory deficit or

clinically evident disuse atrophy/changes of the skin or muscles.

Interpret question # 11 by asking for example: how many nights did you have to change positions to go back to sleep?

4. DASH for the upper extremity, 28 of 30 questions must be answered to be accurate.

Interpret questions # 24 and 25 by assessing clinically evident disuse changes.

Interpret question # 29 by asking the same type of questions as listed under the QuickDASH # 11.

5. In the Spine and Upper Extremity Chapters (15 and 16), if the diagnosis is non-specific chronic pain, such as wrist pain or neck pain, by definition there are no a) Physical Examination or b) Clinical Studies modifiers that apply. Do not use the c) Functional History modifier. Use only the default value (Class 0-1).

5. In other chapters: there are three grade modifiers:

a. Physical Examination

b. Clinical Studies

c. Functional History

There is no change in your method of assessment with a) and b). Do not consider complaints of “pain” in using modifier c). Use finds such as limited motion, atrophy, or weakness in assessing functional abilities and limitations.